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CASE OF HYDATID CYST IN THE BRAIN.

BY C. R. BREE, ESQ., M.R.C.S., STOWMARKET.

**HISTORY AND SYMPTOMS OF THE CASE.**—James P., æt. 15, a butcher's apprentice, of a full habit of body, came under my care in the month of April, 1835. He had been ill in London, for six weeks previously, under the treatment of a medical gentleman, by whom he was sent into the country. He appeared to have been placed under the influence of mercury.

When first he became my patient, he complained of a fixed and continued pain in the left temple, to which he constantly lifted his hand; the pupils of both eyes were dilated, and he could not clearly discern objects around him; his intellect was occasionally disturbed; his pulse was slow, and, at intervals, intermittent; the skin, more particularly about the head, was hot and dry; the bowels costive, and the tongue covered with a white fur.

I applied leeches to the left temple every other day for a fortnight, after which he was blistered frequently behind the ears, and on the nape of the neck, and purgative medicines, mercurial alteratives and salines, were freely exhibited. From this treatment, however, he derived no permanent benefit; in the course of a month he became perfectly blind, and successively lost the senses of taste and smell; convulsive motions of different parts of the body, more particularly of the face and extremities, now came on several times in the course of the day, and voluntary motion was in a great measure lost.

In the month of August, his condition was the following:

He laid in bed upon his back, from which position he could not rise without assistance; his sight was completely gone, and the pupils permanently dilated and insensible to the action of light, or other more powerful stimuli; the senses of smell and taste were partially regained; whilst that of hearing was morbidly acute. The pain in the temple was only felt occasionally, but it was then very severe; the breathing was thick and stertorous, and the eyeballs (more particularly the left) were continually in a tremulous, rotatory motion.

There was great difficulty in associating his ideas so as to produce a correct impression upon the will. When desired to pronounce my name, he said Mr., very well, and without hesitation, but he could proceed no further. When I asked him when I had seen him last, he

counted back to the day, but could not pronounce it ;—thus, if it had been three days since I had seen him, he would repeat the numerals, and three would be his answer to my question, in which he was always correct. The convulsive motions of the body had, at this time, ceased ; he seemed to understand everything said to him, and, occasionally, laughed and appeared amused. The bowels were costive, and required the constant use of an emetic, or the exhibition of castor oil. His appetite was morbidly great ; the pulse small, weak, and varied from 40 to 120 ; the tongue was white and furred ; there was partial loss of power in the extremities, but the sense of touch remained intact.

With regard to treatment, little relief was obtained ; after the inflammatory diathesis was subdued, I put him under the influence of mercury, and subsequently gave him Lugol's solution of iodine, which was the only part of the treatment that seemed to have any effect upon the disease, and this was only temporary ; towards the close of the year all the symptoms became aggravated ; he was hardly ever free from convulsions ; he lost all inclination for food, and became much emaciated and perfectly paralytic. The fingers were permanently flexed, more particularly those of the right hand ; the toes were in the same condition, and so firmly contracted upon the sole of the foot, as to produce a dislocation of the middle cuneiform bones ; the left side of the body was drawn down so as to bring the ribs in contact with the crest of the ileum ; consciousness and sensation gradually left him, and he died on the 19th of January, 1836.

*Sectio Cadaveris, fifteen hours after death.*—With some difficulty I obtained permission to examine the head, which I did with the assistance of my friend, Mr. Spencer Freeman.

Upon raising the calvarium and dissecting off the dura mater, the surface of the brain was found in a state of considerable venous congestion, more particularly on the left side ; slicing off a portion of the left hemisphere, a gush of serous fluid immediately took place, which, upon examination, was found to proceed from an enormous hydatid cyst, which occupied a cavity (formed by condensation of the substance of the brain) in the anterior and middle lobe of the cerebrum, and which contained by admeasurement (allowing for that which was lost), upwards of ten ounces of clear limpid serum. The cyst was opaque and of a pearly white color ; it had no point of adhesion, or any visible connection with the substance of the brain ; when removed from the cavity, the latter was found smooth, and, apparently, produced by a separation of the convolutions of the cerebrum. At its lower and inner surface there was a communication (evidently effected by the gradual encroachment of the enlarging cyst) with the left lateral ventricle, which, as well as the right, was filled with fluid, and considerably dilated. Upon reflecting the corpus callosum, and exposing the ventricles, this dilated condition was better observed ; the folds of the septum lucidum were also separated by fluid in the fifth ventricle.

There was slight *ramollissement* of the fornix and base of the lateral ventricles ; the neurilemma covering the optic commissure was cedematous, but no abnormal appearance was discovered, either in the nerve it-

self, or, so far as it could be traced, along the *tractus opticus*. The thalami and corpora striata were condensed and flattened; there was fluid in the third and fourth ventricles, and at the base of the brain; the corpora olivaria appeared to bulge out more than is usually seen; in fact, throughout the whole brain the anatomical characters were beautifully and distinctly developed. I could not obtain permission to extend the examination.

*Remarks.*—This case, in a pathological point of view, is interesting, and, comparatively speaking, is one of rare occurrence. A somewhat analogous case is related by Dr. Abercrombie, in his excellent work on the pathology of the brain; but the cyst, in that case, arose out of the lateral ventricle; whereas, in the case above detailed, it evidently had its origin in the substance of the cerebrum.

The obscurity which surrounds the physiological character of the acephalocyst, and the singular manner in which they form in different parts of the system, even the most vital, renders the subject one well worthy the attention and investigation of the pathologist. In the instance just related it is hardly possible to believe, with Laennec and others, that the morbid product possessed any inherent vitality; and yet, how are we to account for its gradual increase in size, when we find that it had no connection with the body in which it was found to exist? The previous history of the boy may throw some light upon the original cause of its production. Being removed from the country; a fine, healthy boy; and bound apprentice to a butcher, it can easily be conceived that the additional quantity of animal food which would form his diet, would be likely to cause a plethoric condition of the system, and hence a disposition to morbid formation. This being the case, we can easily believe, with Andral, that, in the first instance, a small clot of blood was deposited in the brain; that the coloring matter became absorbed, but the fibrinous portion not being acted upon by the lymphatics, formed the nucleus of the future hydatid cyst; but here we have the same difficulty of accounting for its growth and development to the size of a large orange. And this, in my opinion, can only be done by assuming that the presence of the morbid product kept up a constant state of inflammation and consequent secretion of serum, and that the connection between the cyst and the vital action going on in the system was supported by simple imbibition.

I am not, however, inclined to indulge in speculation upon the subject, my desire being rather to record facts than propagate theories.

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#### GENERAL DESCRIPTION OF INJURIES.

FROM STEVENS'S LECTURE ON THE TREATMENT OF INJURIES.

THE following category includes the more common description of injuries that occur in practice, and which form the subject of these remarks. Severe wounds, contusions, fractures, injuries of the head, hemorrhages, burns, and strong mental emotions.

The symptoms induced by these injuries may be thus enumerated—loss of sense and sensation, syncope, delirium, coma, convulsions, jactitation; small, rapid, slow, or irregular pulse; rigor, paleness and coldness of the surface; irregular or stertorous respiration; vomiting, retching, or nausea; great thirst; suppression of urine.

It may surprise some of the younger part of my audience to find *mental emotions* enumerated among the causes of severe injuries. But the longer I live the more fully am I convinced that a medical man imperfectly understands his profession who does not appreciate the influence of the mind in all accidents and diseases.

A patient whom I visited, in consultation with my friend Dr. S. Moore, a gentleman of excellent constitution, and in middle life, was recovering from an attack of the smallpox. For several days he had been well enough to leave his house, and attend to his business an hour or two every day, and was sitting in his chair and chatting with his family, when he heard his child fall down stairs. She was taken up in a condition which led him to think her seriously injured, though it proved otherwise. He became pale and trembling, went to bed, had a severe chill, became comatose during the night, and did not get about for a month; during which time we almost despaired of his recovery. Coma and other alarming symptoms continued for many days; loss of memory and mental imbecility during several weeks.

*Etiology.*—In the explanation of these symptoms, although the minor details may be obscure and uncertain, it is capable of demonstration, that the shock is transmitted from the nerves of the injured part continuously to one or more of the great nervous centres, the spinal marrow, the head, or the nerves of the ganglionic system. The impression is readily transmitted from one of these centres to the other; but rarely is it reflected back again. Tetanus, however, affords an instance of the reflected action of an injury.

A medical man fell from his horse and struck upon the nates. He was at first insensible; after a while he was able to crawl to a fence by the road side, and felt as if pins were run into all parts of his body. His arms and feet became paralyzed partially. A few days after the accident palpitations of his heart, inability to pass his water, indigestion and severe headache supervened; with these symptoms he came to town for my advice, one year after the injury. This is an example of irritation propagated to various parts of the system, and continuing for a long time. The consequence of injury of the spine is usually confined to the nerves below the seat of injury; but here it extended from the lower part of the spinal marrow upward, and thence to the nerves of the arms; some part of the shock passing off laterally to the nerves of the viscera. The eyes sympathize with each other, because their nerves have a common origin.

Taking the case of the crushed leg now under treatment: we explain the coma, loss of sense, sensation and voluntary motion, the stupefaction and delirium, by the transmission of the shock to the brain; the nausea, retching and vomiting, by the transmission of it directly or indirectly to the stomach; the convulsions and jactitation to the concussion



of the brain reflected back through the spinal nerves; the condition of the pulse and of the surface of the body, by the state of the heart, which the shock may be supposed to reach through its ganglionic connections with the spine, or from the brain, through the eighth pair of nerves. The excessive thirst and suppression of the secretions are more complicated results, the precise etiology of which is not so capable of explanation. As suppression of the secretions follows, rather than precedes the more marked symptoms of severe injuries, I cannot agree with my revered master, Sir Astley Cooper, in considering it as the cause of these symptoms. Although the treatment of many diseases is based upon the restoration of the secretions—this only proves, that not being able to reach the first cause, we can merely palliate what in reality are effects. Thus in exanthematous and other fevers, and in all the “self-limited” diseases, so well described by my distinguished friend, Professor Bigelow, we do not cure the malady, although we may prevent its fatal tendencies—the physician does not propel the boat, but keeps it from the rocks and quicksands in its course.

Delirium, coma, and insensibility, are caused either by the shock transmitted to the brain, or by the want of a due impulse of blood from the heart, during the weakened condition of that organ. The same effects result from apparently opposite, but in reality, similar, conditions; all agreeing in this point, that the blood does not freely circulate in the brain. Weakened or oppressed circulation, the pressure of a clot, or broken bone, in depression of the skull, alike imply a want of circulation in some part or in the whole of that organ. This condition of the brain, from whichever of these causes it may have been induced, transmits to the heart and stomach the same shock: thus we have retching and vomiting in apoplexy from congestion or extravasation of blood in the head; and the same symptoms in depressed skull, the same in crushed limb, the same after excessive bleeding, or an extensive burn.

As respects the prognosis, an experienced eye will form it rather from the general aspect of the case than from any particular symptom. The countenance of the patient is undoubtedly the index by which practical men are most governed. A fallen jaw and half-closed eyelid, with irregular rattling respiration and coma, indicate approaching dissolution. Intelligence enough to answer simple questions respecting his physical condition, indicates a more moderate injury; and if the head be the chief seat of the injury, forms the ground of very favorable prognosis. Long-continued coldness without rigor or returning heat, and continuing in despite of remedies, leaves little room for hope; the same may be said of long-continued retching.

On the other hand, while rigor and vomiting show that the injury has been severe, they indicate a hopeful degree of reaction, and are usually succeeded by more favorable symptoms, viz., a quiet condition of the stomach, a return of warmth, and a fuller pulse.

Excessive pain continuing for many hours, although not so alarming a symptom as delirium, insensibility or convulsions, is often the precursor of one or more of these conditions. It occurs more commonly as a

consequence of injuries of the surface of the body, or of the extremities, than of those affecting directly the head or viscera.

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DIERVILLA CANADENSIS, JUGLANS CINERA, &c.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE perused, with much interest, the articles published in the Journal from time to time, on the indigenous plants of our materia medica. I think they are too much neglected by the profession in general. Many of them, no doubt, are good substitutes for foreign drugs. Since we have amongst us a numerous class of pretenders to *skill* in medicine, styling themselves *Botanic Physicians*, many of the profession, I fear, discard, in toto, every plant lauded or used by them. Now this, surely, is not right. We are to use those articles most efficacious for the relief of the various diseases we treat, whether drawn from the mineral or vegetable kingdom, whether used by old women or *charlatans*. If the profession, as a body, would be more liberal in the use of our domestic articles, when acknowledged to be equal, if not superior, to foreign, would not the community more readily see the imposition of those who would make them believe that the regular profession deal only in minerals and poisons?

I would again call the attention of practitioners to the *Diervilla Canadensis*. During the year past I have had some further experience of its utility in inflammation of the bladder, with a gravelly deposit in the urine. A cold infusion of the bruised leaves and twigs was given freely. The scalding sensation, on performing micturition, was soon relieved, and the patient restored to usual health. A neighboring physician, whose practice is much more extensive than mine, at my suggestion has used it in several cases of a sub-inflammatory state of the kidneys and bladder, with complete success. One patient from the south was so much relieved by it that he called on me for a quantity to take on to Charleston.

Its *modus operandi* I leave for some more competent hand to determine. When taken internally, it operates as a mild, cooling diuretic. When externally applied to the inflamed surface occasioned by the *rhus*, ivy, or poison vine of the meadows, it gives the sensation of a current of cool air upon the part, and after a few applications relieves the itching and checks the inflammation and swelling. It is a very common bush in these parts, growing by the sides of fences and rocks, from one to three feet high, with a pithy stem, and has a yellow flower in June. It is known in this vicinity by the common names of gravel weed, bush honeysuckle, &c. I hope some of your readers, who have more leisure and skill in analyzing than I have, will notice the *diervilla*.

Are the majority of the profession aware of an excellent substitute for jalap and other cathartics, which they have in the extract of the inner bark of the common butternut (*juglans cinera*). Although much used by Dr. Rush and others in his day, and introduced into the national

Pharmacopœia, it is, as far as my information extends, little used by practitioners at present. Yet in cases of habitual constipation it should be preferred to most other cathartics, as it operates without occasioning heat or irritation, and leaves the bowels in a good state. Its superiority in removing or relieving obstinate constipation has recently been tested in this vicinity. The patient I allude to is a female, who has been confined to her bed for more than a twelve month with chronic inflammation of the pelvic viscera and obstinate constipation. Most of the powerful cathartics, in conjunction with other medicines, were used, none of them producing evacuations without the assistance of enemas, with the exception of croton oil, which relieved for a few times and then seemed to lose its effect. Through the advice of a young member of the profession, the extract of butternut was used in full doses, and repeated. In the first instance sickness and vomiting followed, but the bowels soon moved freely. The decoction or extract has since been sufficient to keep the bowels in a soluble state, without the assistance of enemas. Conjoined with calomel, it is especially efficacious in bilious habits. If griping is produced, carminatives and corrigents are used with effect.

Great Barrington, Mass., Dec. 27, 1837.

N. B. PICKETT.

#### SYPHILITIC IRITIS.—A CASE.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

INFLAMMATION of the iris does not often occur uncombined with disease of some other texture of the eye. In recent cases, there is frequently conjunctivitis; in long-continued or neglected iritis there will almost invariably be associated with it, inflammation of some of the deep-seated textures. This is believed to occur more particularly in syphilitic iritis—hence the title of syphilitic or “venereal ophthalmia,” applied by some authors to these cases. But when a case of iritis is presented for treatment, it is not always an easy matter to decide whether it be of syphilitic, or of rheumatic, or atmospheric origin, unless the practitioner is acquainted with its previous history; and this may be intentionally withheld by the patient. Saunders, in his valuable treatise on the diseases of the eye, gives the following differential symptoms between syphilitic and simple inflammation of the iris. “In syphilitic iritis,” he says, “the iris is much more thickened and puckered, the texture appears more changed, the irritation on exposure to light is less, the pain is most intense at night, red vessels are seen in the substance of the iris—a circumstance not often seen in the early stage of simple iritis, in which, patients, from the severity of the pain, are sooner induced to apply for relief—the pupil is not so much contracted as in the simple inflammation; and although the general appearance of disease be greater, the pain is actually less and the blindness is often total: to which, perhaps, may be added, that the lymph is deposited, as it were, in drops, and assumes a tubercular appearance.” P. 64. Fortunately,

however, it is not absolutely essential in the treatment of iritis to know whether it be of syphilitic origin or not ; for in every well-marked case, it is proper to administer mercury in some form, to insure a speedy and permanent cure. Nevertheless, cases do occur in which the treatment usually employed in inflammation of other textures of the eye, will be sufficient ; also in another class, from idiosyncrasy or some other cause, mercury may be inadmissible, and recourse must be had to active remedies of a different character. In the following case, mercury was administered with the most decided benefit.

B. A., house carpenter, 23 years of age, applied in the month of February, with an inflammation of the iris in the right eye, of eight or nine days' standing. He stated that a few weeks previous to the present application, he had made pretty free use of the strong mercurial ointment for the cure of pediculi of the scrotum. Soon after this he was attacked with a rheumatic affection of the limbs, for which he was treated at the Massachusetts General Hospital, with relief. Upon leaving the hospital, he exposed himself abroad on a cold and wet day, and immediately upon his return home he felt some uneasiness in the eye, which soon amounted to positive inflammation.

Upon examination, the inflamed vessels of the eye appeared of a mixed character ; the superficial network of vessels belonging to the conjunctiva being considerably injected, and at the same time the sclerotic vessels forming the ciliary zone around the cornea being very distinct. The conjunctiva of the lids was not much inflamed. The iris—naturally blue—had changed to a green color, and was limited and sluggish in its motions ; the pupil was quite hazy, somewhat contracted, and irregular, with the pupillary margin of the iris retracted towards the crystalline lens. Upon this margin, towards the external canthus, was seen a yellowish-colored tubercle of lymph, of a small size ; intolerance of light and epiphora inconsiderable ; slight haziness of the entire cornea ; pain occurring in paroxysms, referred to the eyeball and occasionally to the brow ; vision so much impaired that he could not distinguish any object at all ; and this circumstance, as usually happens, created much alarm, and chiefly induced him to apply for advice. In this case there was so little constitutional disturbance, that the patient was very unwilling to confine himself to the house, or to refrain from taking the same food he was accustomed to when in health.

Wednesday. One eye only being affected, he was cupped upon the right temple to the amount of ten or twelve ounces, and was directed to take an active cathartic, to have anodyne fomentations to the eye, and to keep in a dark apartment.

Thursday. Patient remains much the same. Six ounces of blood were taken from the temple ; he was directed to repeat the cathartic, and to take at bed time a pill of calomel and opium.

Friday. The inflammation, apparently, was not much diminished, but the pulse and general strength were considerably reduced. Directed calomel and opium in full doses, morning, noon, and night. In less than a week his gums became tender, and a most marked amendment immediately took place. The inflammation rapidly diminished, the deposit

of lymph upon the iris disappeared, and vision improved daily. As the haziness of the cornea went off, very minute and dark-colored specks appeared upon that membrane for some time after the subsidence of the other symptoms. The extract of stramonium having been applied, after the gums had become tender, the pupil was fully dilated, and presented a margin of extreme irregularity, with extensive adhesions between the iris and the capsule of the lens. There were also bands of lymph of a brownish color extending across the pupil. Notwithstanding which, vision was rendered much clearer by the action of the extract. The gums were kept tender with moderate doses of calomel, for three or four weeks, the application of stramonium being continued meanwhile night and morning, until there was no longer any danger of adhesions taking place. In the course of a month or six weeks, he was able to return to his work. Four months afterwards, the case was again seen, and not a trace of the former disease could be discovered. Power of vision was equally good in each eye.

No. 4 Winter Street, Jan., 1838.

#### CANNA COCCINEA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—By the present opportunity I send you a small quantity of a new nutritious aliment, which has lately been sent me by a friend in the island of St. Christopher, West Indies, and which appears to be a very valuable acquisition to the list of our nutritious articles for the sick and convalescent.

This article is the product of the canna coccinea, somewhat resembling arrow root, but is found, by analyzing it, to be quite different from the latter. In the language of a physician in the island—"I consider it, as a diet for the sick, very far superior to sago, tapioca, arrow root, and gruel. My own experience makes me satisfied that it is a most nutritious diet, easily digestible, and is consequently invaluable in diet for infants and children, and is eminently adapted for persons of dysenteric, diarrhoeal, and consumptive habits, because there is, in my opinion, less acid in it than in any other farinaceous food with which I am acquainted. I have never known it turn sour on the stomach. It is the ordinary food of the dyspeptic, and in enemas it is truly serviceable for allaying the effects of acrid bile on the coats of the rectum, and for sheathing them in cases of abrasion and inflammation."

Dr. Ryan, of London, in his Journal, speaking of the canna coccinea, says, "It makes a more consistent and delicious jelly than arrow root, and is, in my opinion, far superior to it or any other farinaceous powder used in this country, as an aliment for infants, invalids, or convalescents. It is prepared like arrow root, and about half the quantity makes a thicker jelly. It deserves the high praise bestowed upon it by Dr. Waterson, and cannot fail to be patronized by the medical profession and the public."

This substance is obtained from the roots of the canna coccinea when



eight months old. I am informed that the preparation of it is much more tedious than that of arrow root. The French have termed it "Tous les mois," in consequence of its flowering every month.

I observed, some time since, the above account of the article in Johnson's Medico-Chirurgical Review, and wrote to my friends in St. Christopher for some of it. They have sent me a small quantity, but in the spring I expect more, when I shall endeavor to make it more extensively known. From the limited trial I have given it since its reception, I am convinced that it requires but to be known, to be preferred to any other article used as nutriment for the sick.

Respectfully yours, &c.

Westerly, R. I., Dec. 18, 1837.

WM. TORREY THURSTON.

N. B.—The editor acknowledges the safe arrival of the package, for which Dr. Thurston will please accept his thanks. The article will be used in the hospital at Rainsford Island, forthwith.

#### SCARLATINA.

[Communicated for the Boston Medical and Surgical Journal.]

IN the remarks of Dr. Ingalls, in his letter on scarlatina, he is decidedly opposed to the lancet or leeches in any case. Yet *he has never regretted the omission.* Dr. McIntosh, in his recent work on Pathology and Practice, remarks, "I used formerly to see fatal cases of scarlatina when I practised according to the opinion of the schools, carefully abstaining from venesection, and using all means recommended to support the strength; but it occasionally occurred to me to see patients snatched from the grave by considerable bleedings from the nose, and at times when it was thought the loss of an ounce of blood would prove destructive. These circumstances, together with the appearances found on dissection, led me to bleed in many subsequent cases, and *I have never had occasion to regret it.*" Dr. Armstrong is also a strenuous advocate of the lancet in scarlatina anginosa and maligna, and so are also many other writers of great reputation. Dr. Ingalls's other remedies seem to be rather ill-defined, or to amount to nearly the *expectant* treatment. Scarlatina is a disease in many cases very mild, and requires but little treatment; but cases occur (in some epidemics very often) of the most violent and malignant character, and I call upon Dr. Ingalls for his treatment and experience in such cases. As there seems to be a wide difference in opinion among medical men as to the propriety of evacuates and of stimulants in the worst form, or in cynanche maligna, and the subject being one of great importance, as scarlatina is now epidemic in many places, I call upon the profession to give us their views and experience in this disease. I therefore propose, as a query, What are the causes, nature, and best mode of treatment of scarlatina and cynanche maligna?

W. A. G.

Dec. 27, 1837.

# TRIBUTE OF RESPECT TO THE LATE DR. PHILIP SYNG PHYSICK.

WE are surprised that no movement has yet been made by the physicians of Boston, to testify their respect for the memory of Dr. Physick, who was acknowledged, without a dissenting voice, to have attained the highest professional distinction, and to have merited all that the public sentiment awarded him in his lifetime, as much on account of his intrinsic worth of character, as on the score of great professional reputation.

Here follow the doings of our professional brethren in Philadelphia and Baltimore.

The Philadelphia Medical Society, on the reception of the intelligence of their late venerated President's death, passed the following, among other resolutions, viz. :—

“ Resolved, unanimously, That in the death of Dr. Physick we deplore not merely the exit of one who has long held the first position among American Surgeons—one who saw no superior *elsewhere!* but also the irretrievable loss of numerous inestimable lessons of experience, *inedited* and treasured only by his memory whose mind was as lucid as it was retentive, and whose unvarying courtesy and professional urbanity, rendered almost every moment spent in his society, the source of some new idea important to humanity.”

“ Resolved, unanimously, That a member of this Society be requested to prepare a public address upon the loss, merits, and professional labors, of our late venerated President, to be delivered before the members of this Society.”

The class belonging to the Medical department of the University of Pennsylvania, appointed a committee consisting of one member of the class from each State in the Union, to draft resolutions expressive of their feelings at the loss sustained by the decease of the late Professor Philip Syng Physick, in whose lamented death, to use the words of one of the resolutions reported, the science of medicine mourns one of her brightest ornaments, and the University of Pennsylvania a most distinguished Professor.

At the request of the class Dr. Chapman has consented to prepare a discourse on the life and character of the deceased, during the present session. Dr. C., in his note accepting the invitation, says :

“ No one knew the illustrious deceased more intimately than myself, and I shall endeavor faithfully to delineate his life, character, and services. During the whole of a lengthened intercourse of forty years, he was among the kindest and most steadfast of my friends. The death of this truly great and good man, is to be regretted as a common loss, but by me mourned as a personal bereavement.”

At a meeting of the students of Washington Medical College, Baltimore, the subjoined resolutions were unanimously passed, viz. :

“ Resolved, That we have heard with deep regret and sorrow the loss which has been sustained by the country and the medical profession by the death of the late Professor Philip Syng Physick, of Philadelphia.

“ Resolved, That as a token of respect for one who is justly styled

the Father of American Surgery, we will wear the usual badge of mourning during the remainder of the present session.

"Resolved, That in order to perpetuate the memory of so distinguished an individual, we would recommend that organized corresponding committees of the different medical schools in the United States be appointed to devise such means as shall be best calculated to promote the erection of an appropriate monument at Philadelphia."

The following proceedings in reference to the demise of Dr. Physick, were had in the Pennsylvania Convention, now in session at Philadelphia for the purpose of amending the Constitution of the State, viz. :

"Mr. Russell offered a resolution, to the effect that when the Convention adjourns this afternoon, it will adjourn to meet at half past ten, instead of the usual hour, in order to afford the members of this body an opportunity of attending the funeral of the late Dr. Physick, and as a mark of respect for that distinguished physician.

"Mr. Ingersoll hoped there would be no objection made to the resolution, paying, as did Mr. Russell, a brief, but strong tribute to the distinguished virtue and eminent talents of the deceased.

"Mr. Biddle said, that if mitigating the sufferings, and healing the wounds of mankind—if consummate skill, and unsurpassed tenderness, in the practice of medicine, constitute a claim to gratitude, Dr. Physick was truly a benefactor of his race, and entitled to this tribute of respect ; he was truly a great, a good man. He hoped the resolution would pass by general consent."

The resolution was adopted.

The Baltimore American, in remarking upon the event, observes :

"The expressions of public regret in Philadelphia in consequence of the death of Professor Physick, are such as might have been expected from the community in which that gentleman's usefulness was displayed during so long a series of years. His vast experience in the practice of surgical science, and his habits of close and judicious observation, were such as to impart to his opinions a value which seldom attaches to the views of any one man. Whilst by the medical circles of Philadelphia the death of Professor Physick will be felt in a peculiar degree, its effects will extend to every quarter of the country, whence patients were constantly sent to consult with him when ordinary advice appeared unavailing. It is by the loss of such men that the whole community experiences bereavement, and humanity at large is made to mourn."

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BOSTON, JANUARY 17, 1838.

### SMALLPOX IN WOODSTOCK, VERMONT.

THE following extract from a letter written by a gentleman in Woodstock, to a friend in this city, will give some information concerning the

late prevalence of the disease in that place, which has not before been made public. The letter is dated December 11th. We hope hereafter to have a more full account from some physician in that quarter.

"It has pleased God to visit our town with that dreadful disease, the smallpox, which made its appearance about a month since among us, and existed a week before it was plainly identified to be what it is. There are now upwards of twenty cases, and several of them have proved fatal. Hundreds were exposed to the first two cases (one of which, Dr. Perry's, our most active physician, and the most dreadful case in its appearance in its last stages that can be conceived, proved fatal) before it was known. The persons thus exposed now begin to be sick. We have a pest house a mile from the village, and daily we hear of our neighbors being carried there. It is the duty, by law, of the select men, to remove the cases as fast as they occur. It fills everybody with alarm, as vaccination does not seem, infallibly, proof against its attacks. The whole town has been vaccinated, but I have seen persons with both diseases at once, apparently struggling for mastery in the system. Although, however, vaccination does not prove, in all cases, an infallible prophylactic, it seems to modify the disease—making it lighter, and where it would have been of the confluent character, softening it down to the *concrete* kind, or simple varioloid. Even those who have had the smallpox before, are sick some days with it again here, but do not exhibit more than one or two pustules. Some have it only slightly, and some are in an awful state, deranged, helpless, and one entire mass of putrefaction. We have had two such cases here. The subjects, when the disease proves fatal, are buried in the night, and no bell is tolled—no funeral services—but put into a rough coffin and the ground in haste—the persons, digging the grave, even retiring before their work is half finished, on approach of the corpse. Some pretend to make light of the disease, but you can read in the countenance and manner of all, that there is something in the under current of their feelings different from that which is outwardly exhibited. Our town is literally deserted. Both the public houses are entirely empty, or nearly so, and some of the people in the neighboring towns, you could not hire, by money, to come near us. The village is in want of many things, and when we send out upon the hills, to the farmers, for hay, or wood, or grain, or other needful things, they answer, with a wirey edge on the voice, 'We have grain, we have hay, we have wood, and meat, and everything to sell, but we do not want you here, you *must* go away.' In most cases the doors are bolted against the approach of a Woodstock man. Business is entirely at a stand, and two of the places of public worship are shut up.

"There are some cases which do not appear in the least alarming, and two men, who were laborers, sent to the pest house, fully broken out with the eruption, sent word by the messenger (who twice a day delivers his errands by a speaking trumpet to the inmates, at some distance from the house, for he is not allowed to approach very near it, lest he might bring the disease thence into the village), that if the select men would send them over a team, they would go to work laying stone wall for the owner of their mansion."

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*Primary Treatment of Injuries.*—About the last of November, Dr. A. H. Stevens, Surgeon of the New York Hospital, and Emeritus Profes-

sor of Clinical Surgery, delivered a lecture at the hospital, on the above subject, which really possesses high claims, and particularly, as it comes from an eminent surgeon, who for almost twenty years has had the perfect respect and confidence of all classes of citizens. It is gratifying to learn that this is the *first* of a series, the remainder of which will be looked for with increasing interest. In our pages, to-day, will be found an extract from this lecture, which will give the reader some idea of its value. It is our intention to republish, pretty liberally, from the succeeding lectures, as they come to hand, and thus give evidence of the estimation in which we hold Dr. Stevens's scientific labors and literary qualifications.

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*Medical Industry.*—Dr. A. S. Doane, of New York, who has probably toiled more industriously, and successfully too, in making us acquainted with the medical literature of France, than any other man in America, will soon complete a translation of *Nouveaux Elemens de Pathologie Medico-Chirurgicale*.

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*Smallpox among the Indians.*—Mr. Catlin, the celebrated painter of Indian portraits, gives the following relation. "Only one year and a half ago I was at Prairie du Chien, on the Upper Mississippi, where I witnessed the frightful effects of smallpox amongst the Winnebagoes and Sioux. Every other man amongst them was slain by it; and O-wa-peshaw, the greatest man of the Sioux, with half his band, died under the fences, in little groups, to which kindred ties held them in ghastly death, with their bodies swollen and covered with pustules, their eyes blinded, and hideously howling their death song in utter despair, affectionately clinging to each other's neck with one hand, and grasping bottles and tin pans of whiskey in the other."

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*Endermic Use of Digitalis Purpurea.*—I have long been in the habit of using a tincture or an infusion of this article for the purpose of allaying the pain of articular inflammation, some kinds of painful tumors, &c. I consider it more efficacious in this way than any other narcotic, narcotine and belladonna excepted. A good form for its use is, R. Windsor soap, ʒii.; camphor, ʒi.; ol. monarda punctata, fʒii. or ol. lavenderula spicata, ʒiii.; alcoholic tincture, lb.i. Dissolve the soap in tincture by the heat of a sand bath, then add the oil and camphor. This liniment, when cool, is of the consistence of a soft cerate, and will be found to be eminently useful for the purpose of allaying chronic arthritic pains, discussing painful tumors, &c.

A.

Meriden, Ct., Dec. 25th, 1837.

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*Naval Surgeons in Turkey.*—By an arrangement, not altogether satisfactory, says Miss Pardoe, in the work called *City of the Sultan*, surgeons are supplied to the ships of war. When a medical man is required on board of some vessel of the line, individuals, appointed for the purpose, walk into the first chemist's shop they may happen to pass, seize the master, carry him off, hurry him first into a caique, and thence to the ship; appoint him surgeon, enter him on the books, acquaint him



with the amount of his pay ; and should he venture to remonstrate, give him a sound flogging !

*Spontaneous Gangrene.*—A singular case of this description was related at a late meeting of the London Medical Society. A lady, aged 70, complained of a slight pain in one of her legs on Friday, but was able to walk about. At 12 o'clock that night a dark spot appeared in the middle of the calf, which rapidly extended, and in two or three hours the leg, from the instep to the knee, was in a state of gangrene, the cuticle separating, and large phlyctenæ in various places. At 12 o'clock on Saturday she died—about thirty-two hours after having walked about apparently well. There had been no wound in the leg, nor any apparent cause for gangrene, nor was the patient intemperate.

*Multiplicity of Physicians in American Cities.*—The kingdom of Greece, with a million and a half of souls, has only 85 licensed practitioners of physic. The town of Chicago, on Lake Michigan, with eight thousand inhabitants, has no less than forty of the medical fraternity.

*Medical Miscellany.*—Dr. Elisha Bartlett delivered an address at the anniversary meeting of the Phrenological Society, at the Odeon, on Monday of last week.—The powerful tribe of Mandan Indians, at the west, has been nearly annihilated by the smallpox. Only about a dozen remain, says report, to tell the story of their sufferings. The disease is also spreading among the Blackfeet and other tribes.—Number of deaths in Charlestown, Mass., in 1837, 141 ; in Dorchester, 66.—Professor D'Wolf's lectures on chemistry, at New Bedford, are exceedingly popular.—Deaths in the Marine Hospital, Chelsea, ending the quarter December 31st, only four. The whole number of patients, in the same time, two hundred and fifty-seven.—Dr. Ingalls has approached Dr. Bell, the editor of the Eclectic Journal, through the columns of the Boston Courier, rather *expressively*. We should have been glad to have received a communication from the doctor, without reference to this subject.—Poisonous candles continue to be manufactured in London. One pound of arsenic to twenty-eight pounds of stearine is the proportion employed by some of the manufacturers of this new article.—Creosote has been used as a remedy for cholera, in England.—Mr. Rees, of London, has seen four infants destroyed by sloughing of the arm, produced by vaccination. Three of them had been vaccinated with several punctures—a dozen or fifteen in each arm.—Dr. Shilometh S. Whipple has been elected a senator, in Maine, by a convention of both houses of the Legislature.—A man employed by Morison, the quack, in his pill establishment at London, was recently poisoned by an excessive use of cream of tartar, a lump of which he was continually putting in his mouth through the day.

DIED.—In Apponaug Village, Warwick, R. I., Dr. John W. Tibbetts, aged 70.—At Washington city, Dr. R. M. Baltzer, passed Assistant Surgeon in the U. S. Army.—At Paris, November 14th, Dr. Jones Wister, of Germantown, near Philadelphia, aged 21.—In Edinburgh, Dr. Mackintosh, a zealous laborer in the field of science.

Whole number of deaths in Boston, for the week ending Jan. 13, 23. Males, 13—Females, 10. Consumption, 2—scarlet fever, 6—dropsy on the brain, 1—marasmus, 1—croup, 2—lung fever, 1—old age, 3—burn, 1—canker in the bowels, 1—fits, 1—hooping cough, 1—smallpox, 1.

## MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon. JOSEPH H. FLINT.  
*Springfield, January, 1838.* Jan. 17.

## FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delfield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.  
 The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. LOWE & REED,  
 Jan. 3. 24 Merchants Row, Boston.

## MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 19th of February, 1838. Anatomy and Surgery, by JOSEPH ROBY, M.D., late Demonstrator of Anatomy in the Medical School of Harvard University.

Theory and Practice of Physic, Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D. Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person, becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50. The lectures continue three months.

Degrees are conferred at the close of the lecture term in May, and at the following Commencement of the College in September.

Professor M'KEEN, who has been absent during the last year, visiting the hospitals of Great Britain and France, will return to this country before the commencement of the lectures.

P. CLEVELAND, Secretary.

Brunswick, Oct. 1837.

Nov. 8—eop6t

## MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

## VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.